

**Assisted Living Advisory Workgroup Meeting
Tuesday, August 27, 2003
Office of Health Care Quality
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, Maryland**

Meeting Agenda

T E N A T I V E A G E N D A

Sub-Workgroup Meeting – Class “A” Provider 9:00 AM to 10:00 AM

Topics of discussion will include multiple campus providers.

Full Advisory Workgroup Meeting 10:00 AM to 11:00 AM

- I. Call to Order
- II. Review of Agenda
- III. Review of Meeting Notes from the August 12, 2003, Meeting
- IV. Discussion: Medication Administration
- V. Next Steps
- VI. Adjourn

Sub-Workgroup Meeting – Family Definitions 11:00 AM to 12:00 Noon

Topics of discussion will include a review of consensus statements and basic health safety requirements for adult care homes.

Meeting Notes

In Attendance

- Carol Benner, Chair
- Lissa Abrams
- Dorinda Adams
- Valarie Colmore
- Bonnie Gatton
- Laura Howell
- Sharon Olhaver
- Jeff Pepper
- JoAnn Stough
- Jill Spector

Advisory Workgroup Members Absent

- Marie Ikrath
- Susan Quast
- Ilene Rosenthal
- Jim Rowe

Stakeholders Present

- Denise Adams, Maryland Department of Aging
- Kim Burton, Mental Health Association of Maryland
- Marie Butler-Campbell, Quail Run
- Debra Campbell, Montgomery County
- Linda Cole, Maryland Health Care Commission
- Sister Irene Dunn, Victory Housing
- Darlene Fabrizio, Somerford Corporation
- Bonnie Hampton, Charles County
- Mayer Handelman, ASCP and Ocean Pines
- Danna Kauffman, Mid-Atlantic Life Span
- Shelia Mackertich, Health Facilities Association of Maryland
- Sue Matthiesen, CARF-CCAC
- Wesly Malin, Hillhaven
- Jean Moody-Williams, Maryland Health Care Commission
- Barbara Newman, Maryland Board of Nursing
- Catherine Putz, Maryland Board of Pharmacy
- Bruce Raffel, Catered Living
- Ann Schultz, Charles County
- Susan Shubin, Legal Aid Bureau
- Janice Torres, Baltimore City

- Leann Youth, Howard County

Staff Present

- Lynne Condon, Education and Training Supervisor
- Yvette Dixon, Special Assistant
- William Dorrill, Deputy Director State Programs
- Kimberly Mayer, Policy Analyst
- Valerie Richardson, Assisted Living Program

Introductions

Carol Benner, Director of the Office of Health Care Quality at the Department of Health and Mental Hygiene, called the meeting to order at approximately 9:05 AM. Ms. Benner thanked those present for their interest in Maryland's assisted living program.

Discussion: Regulation of Multiple Campus Providers or Multis

The Workgroup discussed the issue of multiple campus programs or multis. There are many providers in Maryland that are operate multiple, maybe five, six or seven five to eight bed small homes. The Department has encountered serious problems in regulating these types of programs. It has been the experience of the Department that the owners of these programs may move staff from one home to another home in the event of a crisis. This type of staffing practice tends to place the home from which the staff is diverted at jeopardy. This type of practice is becoming more and more prevalent in the provider community and it causes great concern for the Department.

Ms. Benner conveyed that programs for the developmentally disabled are licensed by the Department on an agency level. An agency may then operate multiple group homes and provide many different types of services. This type of regulatory structure not only provides flexibility to the provider, but permits the Department, when necessary, to take regulatory action against the agency and avoid the staffing situations previously noted.

The Workgroup discussed this issue at length and it was the consensus that this type of regulatory structure would not be beneficial to operators of multiple campus programs or multis. Many stakeholders present noted concerns about increased liability insurance and stated that this type of regulatory structure is not viable option.

Consensus Statement: Maryland should not consider the use of an agency based licensure structure for multiple campus programs or multis.

The current regulations do not provide the Department with the authority to execute regulatory action on the owner of multiple campus programs or multis if the owner moves staff among the homes that they operate if the provider is considered to be jeopardizing the care that is provided at another home. The Workgroup supported the

Department having this authority to prevent the type of staffing practices noted earlier regardless of the size of the provider.

Consensus Statement: The Department of Health and Mental Hygiene should be allowed to take regulatory action against the owner of multiple campus programs or multis by having the ability to mandate a directed plan of action for the programs operated regardless of the size of the provider.

The Workgroup discussed on several occasions the issue of common ownership. The Workgroup has struggled with this issue. It was suggested by Jeff Pepper that the definition that the Centers for Medicare and Medicaid Services uses in their Ownership and Control Interest Statement (CMS-1513) may possibly address this issue. The definition extrapolated from the CMS-1513 document is as follows:

- ✚ Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity.
- ✚ Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity.
- ✚ Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or names members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

The Workgroup also discussed whether or not the program manager should be certified for providers that operate programs with eight to 16 beds. The Workgroup agreed that those providers that are licensed to provide Level 3 care should have program managers that are certified.

At the next meeting the Workgroup will discuss program requirements for the multiple campus or multi providers, such as, such as awake overnight staff, on sight nursing requirements, etc.




Report: Assessment Tool Sub-Workgroup

Lynne Condon, Education and Training Supervisor at the Office of Health Care Quality, provided a brief report on the activities of the Assessment Tool Sub-Workgroup. Ms. Condon reported that the sub-workgroup has met once since the last Advisory Workgroup meeting. The sub-workgroup is currently working on the Scoring Guide, name changed to Scoring Tool. The charge to the group is to determine the accuracy of scoring for Level 2 residents and address the Level 3 resident scoring range. With this scoring review the sub-workgroup will address the impact of the more medically complex resident and those that require more time from the manager to address and manage certain conditions and behaviors. There are two meetings scheduled within the months September and October. At this time, the sub-workgroup is not ready to test the assessment tool.

Discussion: Medication Administration

The Workgroup discussed the findings of recent studies, poly pharmacy and poly providers and the affect on medication administration in assisted living programs. Stakeholders present agreed that in theory the use one pharmacy would provide considerable relief to the medication administration systems present in assisted living programs. However, medication is a large cost of care and families of residents are trying to manage this reality. Trying to balance the issues of cost with patient safety is a huge problem for providers.

The Workgroup identified the following areas that need action taken:

-  Certified Medication Assistants and Delegating Nurses - The Maryland Board of Nursing, it was reported, had a very long conversation about certified medication assistants and the Board believes that it has a responsibility to review the training program and certification requirements. It is the Board's position that the 16-hour training program is not adequate. The Board is considering making the program content more rigorous, instituting mandatory competency testing and developing some type of supervised practicum level training that could also be incorporated into the current program. At the same time, the Board would also like to review the training program for the delegating nurse. Therefore, the Department will defer the issues relating to the training programs for the certified medication assistants and delegating nurses to the Board of Nursing.
-  Physician Awareness – Many stakeholders reported that physicians do not understand the concept of assisted living and fail to realize the unique needs of patients that reside in this type setting.
-  Insurance Waivers – Stakeholders suggested that the Insurance Commissioner be involved in discussions on how to effectively obtain waivers or exceptions for individuals who reside in facility settings, such as assisted living, to help address the medication administration issues.

- ✚ Mail order pharmacies – It was reported by the Board of Pharmacy that if residents of assisted living facilities receive their medication via mail order pharmacies, many community pharmacies would be willing, provided the medication was shipped directly to the pharmacy, to repackage the medication into bubble packs for a nominal fee.

Advisory Workgroup Meeting Schedule

- ✚ Assessment Tool Sub-Workgroup – please contact Lynne Condon at 410-402-8102 for the meeting schedule.
- ✚ Assisted Living Workgroup September Meeting Dates: Thursday, September 11, 2003, at 1:00 PM to 3:00 PM and Wednesday, September 17, 2003, from 9:00 AM to 12:00 Noon. Both meetings will be held in the basement conference room of the Dix Building located on Dogwood Circle on the campus of Spring Grove Hospital Center.

Meeting Handouts

- ✚ Medication Management Considerations: Thoughts of Bonnie Hampton presented via e-mail message to the Assisted Living Workgroup.
- ✚ Study: Self-Administered Medication-Risk Questionnaire in an Elderly Population by Hedva Barenholtz Levy from *The Annals of Pharmacotherapy*, 2003 July/August, Volume 37.
- ✚ Fact Sheet: The Nation's \$200 Billion "Disease" (Seniors at Risk: Designing the System to Protect America's Most Vulnerable Citizens from Medication-Related Problems) prepared by the American Society of Consultant Pharmacists.

There being no further business before the Assisted Living Advisory Workgroup or its sub-workgroups, the meeting adjourned at approximately 12:30 PM.

Meeting notes prepared by: Kimberly Mayer